



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

IN THE PATENT APPLICATION OF:

THOMAS G. KRAJEWSKI AND
JEFFREY J. DEGROOT

U.S. SERIAL NO: 10/004,054

GROUP: 2673

FILED: OCTOBER 19, 2001

EXAMINER: VINCENT E.
KOVALICK

FOR: ENHANCED TOUCH SCREEN DISPLAY SYSTEM

La Crosse, Wisconsin
August 3, 2006

I hereby certify that this correspondence
is being deposited with the U.S. Postal
Service as First Class Mail in an envelope
addressed to: Mail Stop Petition,
Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on
8/3/2006 William O'Driscoll
Date William O'Driscoll

REQUEST FOR A THREE MONTH EXTENSION OF THE TERM FOR RESPONSE

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a Request for a Three Month Extension of the Term
for Response effectively extending the term for response from April 23,
2006 to July 23, 2006. Please charge Deposit Account 20-1434 any fees
for this extension. A duplicate copy of this form is attached for that
purpose.

08/10/2006 HGUTEMA1 00000002 10004054

Respectfully Submitted,

02 FC:1253 1020.00 DA

William O'Driscoll

Adjustment date: 11/28/2006 CKHLOK
08/10/2006 HGUTEMA1 00000002 201434 10004054
02 FC:1253 1020.00 CR

William O'Driscoll
Registration No. 33,294

Telephone Number: (608) 787-2538

Adjustment date: 11/28/2006 CKHLOK
08/15/2006 LDILLON 00000002 201434 10004054
02 FC:1254 570.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>11/28/06</u>		2 Serial/Patent # <u>10/004,054</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input checked="" type="checkbox"/>	Extension of Time 1253		08/08/06	\$	1,020.00					
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input checked="" type="checkbox"/>	Other 1254		08/08/06	\$	570.00					
		7 TOTAL AMOUNT OF REFUND	\$ <u>1,590.00</u>							
8 TO BE REFUNDED BY:										
		Treasury Check								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9	2	0	--	1	4	3	4
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
The extension of time period was over when the petition to revive was filed.										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Irvin Dingle</u>						TITLE: <u>Paralegal</u>				
SIGNATURE: <u>Irvin Dingle</u>						PHONE: <u>571-272-3210</u>				
OFFICE: <u>Petitions</u>						*****				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****						<u>11/28/06</u>				
APPROVED: <u>CKH</u>						DATE: <u>11/28/06</u>				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B